

Fact Sheet: The Older Americans Act Nutrition Programs (Elderly Nutrition Program)

INTRODUCTION

Scientific evidence increasingly support that good nutrition is essential for health, functionality and quality of life. For older adults, adequate nutrition may be especially important because of their increased vulnerability to chronic disease and conditions which may impair their functionality, their access to adequate food and nutrition, and their ability to live at home in the community. The old-old, minority individuals, low-income individuals, individuals who live alone, individuals with disabling conditions particularly those that interfere with their ability to shop and cook for themselves, and individuals with multiple chronic diseases may be at highest risk for poor nutrition and the resultant health consequences.

Adequate nutrition is integral to healthy aging and the prevention or delay of chronic disease and disease-related disabilities; it plays a role in health promotion/disease prevention as well as the treatment and management of chronic diseases.

STRUCTURE

The Older Americans Act (OAA) Title III, Grants to State and Community Programs on Aging, and Title VI, Grants for Native Americans, address the nutrition and nutrition-related health needs of older adults through the authorization of comprehensive and coordinated nutrition services both in the community and at home. These nutrition services are integral to home and community-based care systems.

The US Administration on Aging (AoA) administers the OAA Nutrition Programs also known as the Elderly Nutrition Program funded under Titles III and VI of the OAA. The AoA provides grants to 57 state agencies on aging that make grants to 655 area agencies on aging which contract with about 4,000 local nutrition service providers. The AoA directly funds 233 Indian Tribal Organizations representing American Indians and Alaskan Native, and 2 grants to organizations representing Native Hawaiians to promote the delivery of nutrition services in their local communities.

The objectives of the OAA Nutrition Programs are to provide the opportunity for older Americans to live their years in dignity by:

- Providing healthy, appealing meals;
- Promoting health and prevent disease;
- Reducing malnutrition risk and improve nutritional status;
- Reducing social isolation and increase social interaction;
- Linking older adults with other community-based services such as physical activities programs, community health, or case management services; and

- Providing an opportunity for meaningful community involvement such as through volunteering.

SERVICES

The OAA Nutrition Programs provide meals in congregate or group settings such as in senior or community centers, churches, schools which is commonly referred to as congregate nutrition services or in individual homes which is commonly referred to as home-delivered meals or meals on wheels. Although the primary service is meals, other nutrition services authorized by the OAA include nutrition screening, education and counseling. These services help older adults identify their general and specific needs as they relate to maintaining their health as well as managing individual nutrition-related diseases such as heart disease, hypertension, and diabetes. The original legislation always envisioned the program as “more than a meal.”

The congregate program provides older adults with positive social interaction, mental stimulation, and informal support systems as well as the opportunity for meaningful community involvement such as through volunteerism. Many home-delivered meal volunteers are older people themselves and not only deliver meals, but also spend part of their day with a homebound older adult. The volunteers offer an important opportunity to check on the welfare of the homebound older adults and report and problems that they may note.

Nutrition service programs help older participants learn to shop and plan for as well as prepare meals that are economical and designed to address special dietary needs. They connect older adults with other health or supportive services such as transportation, home-health aides, home modification or other possible food assistance programs such as the Food Stamp Program.

Under Title III, in 1999 (the most recent data available), the ENP provided 112.8 million congregate meals to about 1.8 million older adults and 134.6 million home-delivered meals to about 884,000 homebound older adults, for a total of 247 million meals to 2.6 million older adults. Under Title VI, in 1999 (the most recent data available), approximately 1.7 million congregate meals were served to 23,000 older American Indians, Alaska Natives and Native Hawaiians in group settings and 1.3 million home-delivered meals were delivered to 35,707 Native American homebound elders.

To find a local service provider, individuals or caregivers may call the toll-free Eldercare Locator at 800-677-1116. Individuals calling this service will have access to more than 4,800 state and local information and referral service providers identified for every ZIP code in the country.

SERVICE STANDARDS

Meals served in the program must provide at least one-third of the daily recommended dietary allowances established by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences as well as the Dietary Guidelines for Americans issued by the Secretaries of the Departments of Health and Human Services and Agriculture. The OAA also requires that meals be designed to be appealing to older adults and to take into account their special diet needs due to health or medical conditions, cultural preferences, or religious beliefs. In addition, food service providers must meet all state and local health law regarding the safe and sanitary production, service and delivery of meals. Most local nutrition service providers conduct routine customer satisfaction surveys of their program participants.

It is the responsibility of state agencies on aging to develop policies and procedures to implement the requirements of the OAA so that service operations may vary place to place in the country depending on unique local community needs.

PARTICIPATION CRITERIA

Congregate and home-delivered nutrition services are an integral part of a community-based service continuum for all older adults regardless of income. However, while there is no means test for participation in the OAA Nutrition Programs, services are targeted to older adults with the greatest social and/or economic need with particular attention to low-income minorities.

In addition to focusing on low-income and other older persons at risk of losing their independence, the following individuals may receive services:

- A spouse of any age;
- Disabled persons under age 60 who reside in housing facilities occupied primarily by the elderly where congregate meals are served;
- Disabled persons who reside at home and accompany older persons to meal sites; and
- Nutrition service program volunteers.

Since American Indians, Alaska Natives and Native Hawaiians tend to have lower life expectancies and higher rates of illness at younger ages, Tribal Organizations may set a lower age for participation.

FUNDING

The OAA Nutrition Program is significantly multi-funded. Although the OAA provides the basic structure for the program, the OAA federal appropriation supplies only part of the funding necessary to operate the program for Title III. However, for Title VI, federal funds are the primary source of funding.

In 2002, the federal appropriation for Title III congregate nutrition services is \$390,000,000 and for Title III home-delivered nutrition services \$176,000,000. In 2002, the federal appropriation for Title VI, which provides supportive and other services besides nutrition, is \$27,675. The United States Department of Agriculture (USDA) provides supplemental support in the form of cash or commodities for \$150,000,000 for both Title III and Title VI, congregate and home-delivered meals. Under the OAA, states have significant flexibility to transfer funds between congregate and home-delivered nutrition services as well as transfer funds from nutrition to supportive services in order to meet the unique needs of their communities.

For 1999 (the recent data available), OAA Title III funds accounted for 44 percent of congregate service expenditures, decreased from 48 percent in 1995 and 30 percent of home-delivered nutrition service expenditures, decreased from 34 percent in 1995. Other sources of funding for nutrition services include public funds from state, county, and city sources as well as private funds such as the United Way or foundations as well as volunteer support and community donations and contributions from older adults themselves. About 20 percent of the cost of a meal is from older adult contributions. Total congregate nutrition service expenditures for 1999 were \$556,257,969 and total home-delivered nutrition service expenditures were \$499,460,411. Total nutrition expenditures for 1999 were \$1,055,718,380.

OUTCOMES

A national evaluation issued in 1996 found that the ENP is a successful program based a variety of criteria.

The OAA Nutrition Program targets services to vulnerable older adults who are older, poorer, sicker, at higher nutritional risk, more functionally impaired, more likely to live alone, and more likely to be a minority member than the general US population.

Older adults who receive ENP services have higher nutrient intakes and more social interactions than similar non-participants. Most program participants are satisfied with program services.

Meals provided supply well over one-third of the recommended dietary allowances and are nutrient dense. These meals supply about 40 to 50 percent of participants' nutrient for the day and are the primary meal of the day for many program participants.

Forty-one percent of local programs indicated that they had a waiting list for home-delivered meal services as compared to 22 percent for supportive services. There were an average of 85 people on a list with a wait of 2.6 months for service. The report indicated that the need and demand for home-delivered meals was likely to increase based on:

- The increased number and proportion of older adults;
- The increased number of functionally impaired older adults in the community;

- The expansion of home and community-based long-term care (need for long-term support); and
- The decreased length of hospital stays resulting in a need for short-term in-home support.

CONCLUSION

The OAA ENP provides essential support along a continuum of community-based services that allows vulnerable older adults to maintain their health, independence and quality of life at home in the community.